

Combined Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

IDENTIFICATION OF DRUGS USING COMPLEMENTARY COMBINATORIAL LIBRARIES

the specification of which (check one)

is attached hereto;

was filed in the United States under 35 U.S.C. §111 on 30 April 1998, as
USSN _____*; or

was/will be filed in the U.S. under 35 U.S.C. §371 by entry into the U.S. national stage of an international (PCT) application, PCT/_____; filed _____, entry requested on _____*; national stage application received USSN _____*; §371/§102(e) date _____* (*if known),

and was amended on _____ (if applicable).

(include dates of amendments under PCT Art. 19 and 34 if PCT)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above; and I acknowledge the duty to disclose to the Patent and Trademark Office (PTO) all information known by me to be material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119, 365 of any prior foreign application(s) for patent or inventor's certificate, or prior PCT application(s) designating a country other than the U.S., listed below with the "Yes" box checked and have also identified below any such application having a filing date before that of the application on which priority is claimed:

(Number)	(Country)	(Day Month Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(Number)	(Country)	(Day Month Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. § 120 of any prior U.S. non-provisional Application(s) or prior PCT Application(s) designating the U.S. listed below, or under § 119(e) of any prior U.S. provisional applications listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the PTO all information as defined in 37 C.F.R. §1.56(a) which occurred between the filing date of the prior application and the national filing date of this application:

09/050,359 (Application Serial No.)	31 March 1998 (Day Month Year Filed)	pending (Status: patented, pending, abandoned)
PCT/US97/19638 (Application Serial No.)	31 October 1997 (Day Month Year Filed)	pending (Status: patented, pending, abandoned)
08/740,671 (Application Serial No.)	31 October 1996 (Day Month Year Filed)	pending (Status: patented, pending, abandoned)

I hereby appoint the following attorneys, with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SHERIDAN NEIMARK, REG. NO. 20,520 - ROGER L. BROWDY, REG. NO. 25,618 - ANNE M. KORNBAU, REG. NO. 25,884
NORMAN J. LATKER, REG. NO. 19,963 - IVER P. COOPER, REG. NO. 28,005 - ALLEN C. YUN, REG. NO. 37,971*
NICK S. BROMER, REG. NO. 33,478 - * Patent Agent

ADDRESS ALL CORRESPONDENCE TO
BROWDY AND NEIMARK, P.L.L.C.
419 Seventh Street, N.W.
Washington, D.C. 20004

DIRECT ALL TELEPHONE CALLS TO:
BROWDY AND NEIMARK
(202) 628-5197

The undersigned hereby authorizes the U.S. Attorneys or Agents named herein to accept and follow instructions from **NOVALON PHARMACEUTICAL CORPORATION** as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. Attorney or Agent and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. Attorneys or Agents named herein will be so notified by the undersigned.

Page 2 of 2

Atty.Docket: FOWLKES=4C

Title: IDENTIFICATION OF DRUGS USING COMPLEMENTARY COMBINATORIAL LIBRARIES

U.S. Application filed 30 April 1998, Serial No. _____

PCT Application filed _____, Serial No. _____

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR Dana M. FOWLKES		INVENTOR'S SIGNATURE	DATE
RESIDENCE Chapel Hill, North Carolina		CITIZENSHIP USA	
POST OFFICE ADDRESS 2013 Damascus Church Road, Chapel Hill, North Carolina 27516			
FULL NAME OF SECOND JOINT INVENTOR Brian K. KAY		INVENTOR'S SIGNATURE	DATE
RESIDENCE Madison, Wisconsin		CITIZENSHIP USA	
POST OFFICE ADDRESS 121 North Prospect Ave., Madison, Wisconsin 53705-4024			
FULL NAME OF THIRD JOINT INVENTOR Jeffrey A. FRELINGER		INVENTOR'S SIGNATURE 	DATE
RESIDENCE Chapel Hill, North Carolina		CITIZENSHIP USA	
POST OFFICE ADDRESS 1111 Monterey Valley Road, Chapel Hill, North Carolina 27516			
FULL NAME OF FOURTH JOINT INVENTOR Robin Parish HYDE-DERUYSCHER		INVENTOR'S SIGNATURE	DATE
RESIDENCE Chapel Hill, North Carolina		CITIZENSHIP USA	
POST OFFICE ADDRESS 205 Portsmouth Place, Chapel Hill, North Carolina 27516			
FULL NAME OF FIFTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SIXTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SEVENTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			

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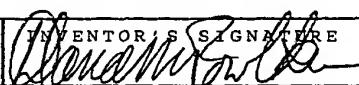
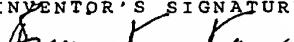
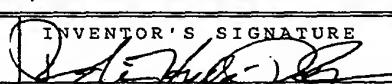
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I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR Dana M. FOWLKES		INVENTOR'S SIGNATURE 	DATE 6/11/98
RESIDENCE Chapel Hill, North Carolina		CITIZENSHIP USA	
POST OFFICE ADDRESS 2013 Damascus Church Road, Chapel Hill, North Carolina 27516			
FULL NAME OF SECOND JOINT INVENTOR Brian K. KAY		INVENTOR'S SIGNATURE 	DATE 6/4/98
RESIDENCE Madison, Wisconsin		CITIZENSHIP USA	
POST OFFICE ADDRESS 121 North Prospect Ave., Madison, Wisconsin 53705-4024			
FULL NAME OF THIRD JOINT INVENTOR Jeffrey A. FRELINGER		INVENTOR'S SIGNATURE	DATE
RESIDENCE Chapel Hill, North Carolina		CITIZENSHIP USA	
POST OFFICE ADDRESS 1111 Monterey Valley Road, Chapel Hill, North Carolina 27516			
FULL NAME OF FOURTH JOINT INVENTOR Robin Parish HYDE-DERUYSCHER		INVENTOR'S SIGNATURE 	DATE 6-15-98
RESIDENCE Chapel Hill, North Carolina		CITIZENSHIP USA	
POST OFFICE ADDRESS 205 Portsmith Place, Chapel Hill, North Carolina 27516			
FULL NAME OF FIFTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SIXTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			
FULL NAME OF SEVENTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP	
POST OFFICE ADDRESS			

Applicant or Patentee: Dana M. FOWLKES et al.

Attorney's Docket No.: FOWLKES=4C

Appln. or Patent No.:

Filed or Issued: April 30, 1998

For: IDENTIFICATION OF DRUGS USING COMPLEMENTARY COMBINATORIAL LIBRARIES

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL BUSINESS ENTITY STATUS
(37 CFR 1.9(f) and 1.27(C)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

the owner of the small business concern identified below:

an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN NOVALON PHARMACEUTICAL CORPORATION

ADDRESS OF SMALL BUSINESS CONCERN 4222 Emperor Blvd., Suite 560, Durham, North Carolina 27703-8466

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled IDENTIFICATION OF DRUGS USING COMPLEMENTARY COMBINATORIAL LIBRARIES by inventors Dana M. FOWLKES, Brian K. KAY, Jeffery A. FRELINGER and Robin Parish HYDE-DERUYSCHER described in:

the specification filed herewith with title listed as above.

application no. , filed April 30, 1998.

patent no. , issued .

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

NAME

ADDRESS

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

NAME

ADDRESS

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Clay B. Thorp

TITLE OF PERSON SIGNING OTHER THAN OWNER Secretary

ADDRESS OF PERSON SIGNING 4222 Emperor Blvd., Suite 560

SIGNATURE CB Thorp

DATE 6-4-98